State Supplement A to Attachment 3.1A

5. Psychosocial Interventions: Provides rehabilitation services directed towards the remediation of functional limitations, deficits, and behavioral excesses exhibited in patients. Services focus on improving daily living skills, impaired social skills, and problem solving.

Services must be provided by qualified providers of rehabilitation services for the mentally ill certified by the single state mental health agency or through the Indian Health Service. Only qualified agencies may be certified.

Item 17 Nurse Midwife Services

Nurse midwives participating in the Medicaid Program must be licensed by the Board of Nurses as registered nurses and registered with the Health Services Division of the Department of Health as certified nurse midwives.

Services are limited to routine prenatal care, delivery and postnatal care to women with essentially normal pregnancies.

STATE / CLW/Sexical
DATE REC'D 69-93
DATE APPV'D 10-22-93
DATE EFF 493-08
HCFA LY 93-08

21a

State Supplement A to Attachment 3.1A

Item 18 Hospice Care

The hospice care benefit will follow the amount, duration and scope of services as outlined in the State Medicaid Manual, Hospice Services, Section 4305. Persons eligible for the hospice benefit will be limited to those recipients who are categorically needy, certified as terminally ill and electing to receive hospice services. The recipient may reside in a long term care facility or be admitted into long term care if he or she does not have a family member or friend to assist with home care. Election of the hospice benefit results in a waiver of the recipient's rights to Medicaid payment for only those services which are related to treatment of the terminal illness or related conditions and common to both Title XVIII and Title XIX. The recipient does not waive rights to payment for services related to the terminal illness and unique to Title XIX. The duration of the hospice benefit continues for an unspecified time period as long as the individual remains in hospice care and does not revoke the election.

STATE CW POLICA
DATE REC'D 6-19-91
DATE APPV'D 7-2-91
DATE EFF 91-10
HCFA 179 91-10
Superseles: 89-10

State Supplement A to Attachment 3.1-A

Item 20a, b, and c Pregnancy Related Services

The New Mexico Medicaid program will pay for pregnancy related and post-partum services through the two months following the month in which the child is born or the pregnancy terminates. Any services not related to the pregnancy would not be considered covered services for this population through the two months following the month in which the child is born or the pregnancy terminates.

Services or supplies not related to the pregnancy but which are necessary as a result of a condition which may complicate the pregnancy prior to delivery would be covered, as follows.

All services are subject to the same limitations as specified for the service elsewhere in the state plan:

Hospital services Physician services Laboratory and Radiology services Clinic services Rural Health Clinics services Federally Qualified Health Clinic services Drug services Durable medical equipment and medical supplies Family planning services Transportation services Midwife services Prenatal case management Certified Nurse Practitioner services Vision services Psychological services Ambulatory Surgical Center services

Increases in covered services for pregnant women:

Nutritional assessment.

TN No. 91-19

OCT 1 1991

SUPERSEDES

TN, No. 91-11 page 23 Stems 202 + 20-

State Supplement A to Attachment 3.1-A

Item 23 Certified Nurse Practitioner Services

Surgical procedures are not a benefit of the program as they are not within the scope of state law. Psychiatric services rendered by Certified Nurse Practitioners are not a benefit of the program

Item 24a Transportation

Out-of-state transportation services (except nearby border cities) are allowable only when the services needed cannot be obtained in New Mexico or the physician provides adequate justification for the out of state travel. Emergency transportation will be reviewed retrospectively to determine if the transport was necessary.

Item 24e Emergency Hospital Services

Emergency hospital services may be provided by facilities not certified by Title XVIII. These services must meet the definition of emergency hospital services as defined in 42 CFR 440.170(e).

See limitations for Items 1 and 2a, inpatient and outpatient hospital services.

STATE NOW MEXICO DATE REC'D DEC 1 7 1991 DATE APPV'D JAN 1 5 1992 DATE EFF OLIO	Α
HCFA 179 91-19	

TN. No. 91-19

OCT 1 1991

SUPERSEDES TN. NO. 91-11 page 23 llem 23a +23e. 90-22 page 24

Per letter DHEW Regional Office To Mr. Heim Dated 3-21-74

STATE PLAN FOR MEDICAL ASSISTANCE TITLE XIX

STATE A Supplement to Attachment 3.1-A Page 1, Item 4.b.

Amendment 74-11 7-31-74

STATE New Mexico

We have reviewed the "Guidelines for a Demonstration of Early Health Care Sponsored by the Office of Child Development in Cooperation with the Social and Rehabilitation Service/Medical Services Administration," dated December 18, 1973

and, approve the proposal outlined in it for participation of selected Head Start projects in support of the New Mexico EPSDT program with

 $/\overline{X}$ / No changes

Changes as indicated in the attached guidelines

Approval of Governor

Approval of Single State Agency

Richard W. Heim

Executive Director

New Mexico Department

of Health and Social Services

Jun. # mAD 74-11

Jun. # q.S. 14